



Express Mail No.: EL 477 035 673 US

Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Ding et al.

Group Art Unit: 1032

Serial No.: 10/022,607

Examiner: to be assigned

Filed: December 17, 2001

Attorney Docket No.: 10177-103

For: DRUG RELEASE COATED
STENT

REQUEST FOR A CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

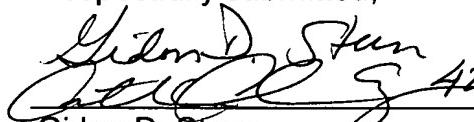
Sir:

The Filing Receipt for the subject application contains an incorrect inventor's address "San Jose, CHINA," correctly "San Jose, CA." Correction to the Filing Receipt have been indicated on the copy of the Filing Receipt attached hereto. The Office is requested to issue a corrected Filing Receipt bearing the correct filing date.

No fee is believed to be due for this request. Should any fee be required, please charge it to Deposit Account No. 16-1150.

Date: April 9, 2002

Respectfully submitted,


Gidon D. Stern 42-42 27,469
(Reg. No.)

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Enclosure

Attorneys for Applicants



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/022,607	12/17/2001	3738	1032	10177-103	12	29	3

CONFIRMATION NO. 5308

20583
PENNIE AND EDMONDS
1155 AVENUE OF THE AMERICAS
NEW YORK, NY 100362711

UPDATED FILING RECEIPT



OC000000007752791

Date Mailed: 03/29/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

CA
Ni Ding, San Jose, CHINA;
Michael Helmus, Worcester, MA;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 09/079,645 05/15/1998 ABN
WHICH IS A CON OF 08/730,542 10/11/1996 ABN
THIS APPLICATION 10/022,607
IS A CIP OF 09/012,443 01/23/1998 PAT 6,358,556
WHICH IS A DIV OF 08/663,490 06/13/1996 PAT 5,837,313
WHICH IS A CIP OF 08/526,273 09/11/1995 ABN
WHICH IS A CIP OF 08/424,884 04/19/1995 ABN

Foreign Applications

If Required, Foreign Filing License Granted 01/26/2002

Projected Publication Date: 07/11/2002

Non-Publication Request: No

Early Publication Request: No

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APR 19 2002
TC 3700 MAIL ROOM

REFERRED TO	M. Hino
RECD	
APR 20 2002	
Pennie & Edmunds	
O.K. for filing	

Title

Drug release coated stent



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Bib Data Sheet

CONFIRMATION NO. 5308

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/022,607	12/17/2001 RULE	623	3738	10177-103

APPlicants

Ni Ding, San Jose, CA;
Michael Helmus, Worcester, MA;

**** CONTINUING DATA *******

THIS APPLICATION IS A CIP OF 09/079,645 05/15/1998 ABN
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WHICH IS A CIP OF 08/424,884 04/19/1995 ABN

**** FOREIGN APPLICATIONS *******

| IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/26/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	12	29	3
Verified and Acknowledged	 Examiner's Signature  Initials				

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TITLE

Drug release coated stent

FILING FEE RECEIVED 1032	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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